PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise specially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

### CERTIFICATE OF DEATH

()1342 Reg. Dist. No. 365

County or town  (If outside city of town limits, write RURAL and give nearest town)  Row long in about set death?  Royalta in stillulon, or street address where death occurred:  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Row long is beaptial or institution, or street address where death occurred:  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town limits, write RURAL and give nearest town)  Street Ro.  (If outside city or town)  Street Ro.  (If outside city	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)
City or town  (If outside the place of feelth?  (If outside the place of f	County. Service act	
Street No.   Str	City or town	
Street No.   Str	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Row long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  Sex  5. Color or race  6. (c) Single, married, widowed, or directed  Consumer of the security of the data of the security of the securi	Hospital, institution, or street address where death occurred:	Street No. Chuldo av
3. (a) FULL NAME  3. (b) Social Security Number  One  MEDICAL CERTIFICATION  S. (c) Maine of husband or wife  Lighth date of deceased (mo. day, rr.)  S. (c) Maine, sive age  fereward (mo. day, rr.)  S. (d) Maine of husband or wife  Date of the date above stated: that I attended deceased from S. (c) Maine, sive age  10. Usual occupation  Date of the date of the date above stated: that I attended deceased from S. (c) Maine, sive age  11. Indicative or business  11. Indicative or business  12. Name  Major findings of operations  Major findings		(Arural, give LOCATION)
3. (a) FULL NAME  4. Sex  5. Color or race 6. Color of ra	How long in hospital or institution?	2.(a) If veteran, name war
8. Sex S. Bolor or race S. (a) Single, married, widowed, or directed MEDICAL CERTIFICATION  8. (b) Namo of hasband or wife		3 (b) Social Security Number
5. (b) Name of hurband or wife.  5. (c) It alies, give age years deceased (mo. do.y, yr.)  7. Birth date of deceased (mo. do.y, yr.)  8. AGE: Years Months  9. Birthplace  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Majden name  15. Birthplace  16. Informant  17. Sirth date of operations.  18. Birthplace  19. H. J. S. J.	Legis Brook	
8. (6) Namo of husband or wite  1. Birth facts of deceased (mo. day, yr.)  8. AGE: tears Months Day It less than one day  10. Usual occupation  11. Industry or business  12. Is Hirthplace  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  18. Birthplace  19. Which Date thereof (month) (day) (y'dar)  19. Birthplace  10. Usual occupation  11. Birthplace  12. Name  13. Birthplace  14. Maiden name  15. Informant  16. Informant  17. Birthplace  18. Funeration or removal Which)  19. Birthplace  10. Usual occupation  10. Usual occupation  11. Industry or business  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Informant  16. Informant  17. Birthplace  18. Funeration or removal Which)  19. Birthplace  19. Contain  19.	4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
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S. (c) If all we give age years deceased (mo. day, yr.)  8. AGE: Years Months Day If less than one day  9. Birthplace. (Town, could, and state)  10. Usual occupation. Patrice of Patrice o		
and that I last saw he asilve on Accessed (mo. day, rr.)  8. AGE: Years Months Day It less than one day  10. Usual occupation.  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address  17. (Burial, eremation, or removy). Which Date thereof Lagrange (month) (day try far)  Cemetery or crematory. Which Date thereof Lagrange (Mark State)  18. Funeral director. Accident, suicide, or homicide.  19. Jayrange (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?	6.(b) Namo of husband or wife	med 1 5 and 13 at 7
deceased (mo, day yr.)  8. AGE: Years Months Day If less than one day  10. Usual occupation.  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address  17. (Characteristics)  18. Informant  19. Date thereof for indication or removal. Which?)  19. Date thereof for indication of country. Which?  19. Date of country. Country. (City or town) (Country) (State)  19. Date of indication of country. (Country) (State)  19. Date of indication of country. (Country) (State)  19. Date of country. (Country) (State)  20. State)  21. State of country. (Country) (State)  22. State of country. (Country) (State)  23. State of country. (Country) (State)  24. State of country. (Country) (Country)  25. State of country. (Country) (Country)  26. State of country. (Country)  27. State of country. (Country)  28. Date of country. (Country)  29. State of country. (Country)		0-112
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9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business 12. Name (Include pregnancy within 3 months of death) 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name (Include pregnancy within 3 months of death) 15. Birthplace (Include pregnancy within 3 months of death) 16. Informati (Burial, cremation, or removal, Which) 17. Cemetery or crematory (Include pregnancy within 3 months of death) 18. Funeral director.  Address  Addr		TIME COME CAME OF GENERAL MANAGEMENT OF THE PROPERTY OF THE PR
9. Birthplace	S. AGE.	
9. Birthplace	86 25min.	Orany Jacks 1 and
10. Usual occupation	Dans James	
10. Usual occupation	3. Birthplace (Town, county, and state)	
11. Industry or business    12. Name		
Dither conditions.  12. Name		
13. Birthplace   14. Maiden name   15. Birthplace   15. Birthplace   16. Informant   17.   18. Informant   18. Informant   19.   1		
14. Maiden name Date of op.  15. Birthpiace Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Address Date thereof (day) (year)  Cemetery or crematory (City or town) (County) (State)  Location Where did injury occur?  18. Funeral director.  Address Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?	12. Name 12. Name 12002	Other conditions.
14. Maiden name Date of op.  15. Birthpiace Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Address Date thereof (day) (year)  Cemetery or crematory (City or town) (County) (State)  Location Where did injury occur?  18. Funeral director.  Address Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?	13. Birthplace	
Major findings of operations   Date of op.		(Include pregnancy within 3 months of death)
Autopsy results.  Address  17. (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location.  Location.  Address  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury injured at work?	- Control of the Cont	Major findings of operations.
Autopsy results.  Address  17. (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location.  Location.  Address  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury injured at work?	15, Birthplace	Oate of op.
Address  17. (Burial, eremation, or removal. Which?)  Cemetery or crematory  Location  Location  Address  Address  Address  Address  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?	1 2 (11) 1	Antoney results
Date thereof	16. Informant	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Accident, suicide, or homicide	Address Charles a	22 VIOLENCE. It don't was due to external causes, fill in the following:
Cemetery or crematory.  Location (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  23 SIGNATURE Cullisses M. D. or other	Bate thereof leave 15 1947	
Cemetery or crematory (City or town) (County) (State)  Location (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  Address (State)  23 Signature Surface Surfa		
Location	Cemetery or crematory During Kedas	Where did injury occur?
18. Funeral director. Means of injury  Injured at work?  Address  Address  Address  Address  Address  Address  Address  M. D. or other	01.00	
Address Care Social Management of the Signature Surgice Stillning M. D. or other	Location	
M. D. or other	18. Funeral director Alan Contact of Contact of	means of injury
M. D. or other	Address Carolina Donald	1 Sucy Coull ma
19. 1/0 19 19 19 19 19 19 19 19 19 19 19 19 19	4/5- 47 2/5/11/	M. D. or other
(Date red d by registrer)	19. (Date 196'd by registrar)  (Registrar)	Address musing at med Dato signed yw 14-47

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2411 N. Charles St., Baltimore Black

### CERTIFICATE OF DEATH

Reg. Dlat. No. 365

1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of the state of the s	County Somerse  d  nits, write RURAL and give i  Ke Ave.	nearest town)	
3. (a) FULL NAM		MELISSA BE	HARD		3. (b) Social Securi	ty Number
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed Widowed	ed	MEDICAL 20. DATE OF DEATH. A FULL	CERTIFICATION / 2. 194	7 6 600
T Blok John A	***************************************	lijah H. Bet 		and that I last saw h	18.4.7. 10 april 1	2 1947 1947
8. AGE: Year 74.	77	0ays   If less than or 24hrs.	e day min.	and Del DX		
10. Usual occupation.	(IOWIL,	r County-Mar	ry Land	Due to Classic Out no	yluli mlq	Jus
12. Name	William Worceste	E. Bennett r County, Ma e Ritchie		Dther conditions		
14. Maiden name  15. Birthplace  16. Informant	Mrs. Gro	r County, Ma ver Adams d, Maryland	aryland	Antopsy results	which death should be charg	ed statistically.
17(Burial, cremation Cemetery or cremation	Sunny Ri RURAL, C H. Harve	Date thereofApr dge Cemeter; risfield, Ma y Bradshaw	<i>T.</i>	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	n) (County) (where?)	(State)
Address  5/3  19. (Date rec'd by r	1947	d, Maryland	mssa /	23 SIGNATURE Jungo 6.6	M.	D, or other ed Phi 15-4

MAY 3 1947

ADING INK. Supply every item of information carefully. The co Physicians: please write the causes of death clearly and legibly.

important.

PLAINLY, V is especially i

PLEASE WRITE

### The correct age

1. PLACE OF DEATH:

County Busiesast

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 79

### CERTIFICATE OF DEATH

01344

MEDICAL CERTIFICATION

2.(a) If veloran, name war.....

3. (b) Social Security Number

M. D. or other

Date signed ...

(If outside city or town limits, write RURAL and give nearest town)	Slate
fow long In above place of death?	City or t
fospital, institution, or stroet address where death occurred:	Street M
fow long in hospital or institution?	2.(a) If
B. (a) FULL NAME	
James to Boston	
I. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	
male Coloud Sugle	
made colour sugle	20. DATE
B.(b) Namo ot husband or wito	21. I CEI
deceased (mo., day, yr.) Illurary 2. 1880	and that
B. AGE: Years   Months   Gays   If loss than one day	Immedia
67 2 23hrs.	n.
3. Birthplace Somewalf	0.54
(Town, connty, and state)	Due to
tD. Usual occupation. Advanture	Due to
It. Industry or business	
12. Namo James Ton Boston	Diher con
13. Birthplace Somesals	
14. Malden name Sarala la attman	M. C. C.
15. Birthplace Somewhat	Major fi
16. Informant Bertha Hayran	Aotopsy
	PHYSIC
Address Trucks Throng Ma	22. VIO
(Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	Accident,
Cometery or crematory John Wisley	Where d
	Injured a
Location Location	Means of
18. Funeral director Vallana Va James Ta	
Address Truscess and They	22 -010
19 5/2 47 R. J. Johnson	23 CSIG
(Date rec'd by registrar)	Address.

21. I CERTIFY that death occurred on the dato above	stated; that I attended	leceased from
april 1 194	0 10 apr	115 194
and that I last saw h	16	19.7
Immediate cause of death.	بي	DURATION
Immediate cause of death.		المرياد
Due to arturo I du		
Heart Dear		332
Due to		
Ither conditions	***************************************	
(Include pregnancy within 3 mor	tha of death)	
Major findings of operations		***********************
	Date of op	
Actopsy resultsPHYSICIAN: Please underlina the cause to which	death should be char	red statistics liv
22. VIOLENCE: If death was due to external causes		
Accident, suicide, or homicide	-	
Where did injury occur?(City or town)	(Connty)	(State)
njured at home, tarm, industry, public place (where	?)	••••
Means of Injury	injured at work?	

VS A15

LYGIE- AVM

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legible

May 8 19 47 (Date rec's by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10-3

01345

M. D. or other

Date signed a 237,194

DURATION

		CERTIFICAT	TE OF DEATH Reg. Dist. No	265
1. PLACE OF DE	Somer	reet	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
Crisfield  City or town. (If outside city or town limits, write RURAL and give nearest town)			State Maryland County Somerse	
How long in above place of death? 25 years  Rospital, institution, or street address where death occurred:  Rural, McCready Hospital			City or town	earest town)
How long in hospital (	or testitution? 7 da	ys	2.(a) If veteran, name war	**********
3. (a) FULL NAM	IE .	W. Collins	3. (b) Social Security	y Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Married	2D, DATE DE DEATH agr 25	7 9:3
6.(b) Name of husband 7. Birth date of deceased (mo., day,	Tan 3	ache M. Collins  6(c) If alive, give age 59 years 7 29, 1870	21. I CERTIFY that death occurred on the date above stated; that I attended dec	ceased from
8. AGE: Year		Days I it less than one day	Immediais cause of death.	100
9. Girthplace	Pocomoke Carpente Building	26 hrs. min.  D-Worcester-Md.	Due to.	
12. Name	Tohn Col	lins	Differ conditions Deletes milles	ر خ خ
H 14. Maiden name		ambertson	(Include pregnancy within 8 months of death)  Major findings of operations	·
16. Informant		anche M. Collins	Antopsy results	
17(Burial, crematio	Burial n, or removal. Which?) Sunny Ri	Date Ihereof April 27/47 (month) (day) (year)  Idge Cemetery	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemetery or cremat		, Crisfield, Md.	tojured at home, farm, industry, public place (where?)	
Location	н нети	y Bradshaw	Means of Injury Injured at work?	
Address Crisfield, Md.			6 D + m. D	r



OF HEALTH

### CERTIFICATE OF DEATH

01346 Rog. Diat. No. 360

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Mayband County Domeset
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
M W married	20. DATE DE DEATH CELLS 19.47, at 9.12.
6.(b) Name of husband or wife Decrapes Conley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A	19 4 7, 10 uffill 7 19 47
7. Birth date of deceased (mo., day, yr.) Sept. 21, 1865	June die Cause of death DURATION
8. AGE: Years   Month   Days   If less than one day	Immediaire cause of death DUNATION
8/hrsmin.	1 allerein
P. Walingle Ray	Due to
9. Birthplace	
10. Usual occupation Oral macisl	Due to
11. Industry or business	
12. Name Edward Condey  13. Birthplace Pilloburgh Rd	Other conditions Barrel Cell Carles
	(Include pregnancy within 5 months of death)
14. Malden name	Major findings of operations.
15. 8irthplace	Date of op.
16. Informant Chessel Conley	Apigosy respits.
Address Freetland And	PHYSICIAN: Please underline the cause to which death should be charged statisticslly.
B . O 1 CO 1 10 19.12	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
location Cast Providensteine and	Injured at home, farm, Industry, public place (where?)
( t 100 / Tanker 00	Means of Injury Injured at work?
18. Funeral director.	If soll a line
Address remeaso come had	23. SIGNATURE 11. O MILE CONTROL OF STATE OF STA
19 April 7, 19 4/ K. H. Johnson	Address Asses College Bate Speed 11 8/44

MARGIN RESERVED FOR BINDING

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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RECUITION

APR 10 1947

BURBAT

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 268

20000

1. PLACE OF DEATH: Somerse Silver town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stafe
City or town(If outside city or town limits, sorter AUSAL and give nearest town)	City or town
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, givo LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Beatrice Ita	3. (b) Social Security Number
4. Sex    5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH. April 7 19 47 21 3 P. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(c) tf alive, give ageyears	and that I last saw h alive on 19
7. Birth date of deceased (mo., day, yr.) Meh 17-1947	
8. AGE: Years   Months   Days   If less than one day	Immediate Cause of death
21hrs	
D: 1 = 1 = 0:0-1	
9. Birthplace. Percentula, J. Egy	Due to:
(Town, county) modern being Man	
1D. Usual occupation	Due to
11. tadustry or business	
12 Name Aures T. Starres	Dther conditions
12. Name Deal Saland Med	
	(Include pregnancy within 3 months of death)
14. Maiden name Darok Anderson 15. Birtholace Draf Deland Meg	Major findings of operations
2 15. Birthplace of Deat Stand Mg	Date of op.
Sagah Harris	Antopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Neat Standard	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Buriel Date Bereat apr 8-47	Accident, suicide, or homicide
(Burial, cremation, or famoval, Which?) (month) (day) (year)	
Cemetery or crematory. The Wester 14-6 Colors	Whore did injury occur?
Bral Solly Street	Injured at home, farm, industry, public place (where?)
Location	Meene of Injury Injured at work?
18. Funerat director	1 s
Address DEAL Slave Int	
al ail	23. SIGNATURE M. D. or other
19. Chr 9. 5k 19 47	Address Date eigned 4/8/47
(Dafe rec'd by registrar) Registrar	Address. Date eigned

According to the information received in this office, the funeral director, Mr. L. G. Webster of Deal Island, was unable to obtain the signature of either the physician who delivered the baby, Dr. Robert Starr, or that of the Deputy Medical Examiner, Dr. H. M. Lankford. The Local Registrar, Mrs. Rosa Webster, states that the mother said the baby had a cold but she did not think it serious, and then it died suddenly. See correspondence in permanent file under Lankford, June 27, 1947.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

. PLEASE WRITE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bla)

111348

### CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	State Maryland county Serverset
	City or town (If outside eity or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside eity or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alice Disque days	7044
4. Sex 5. Color or race 6.(a) Single, maried, widowed, or divorced	MEDICAL CERTIFICATION
4.	MEDICAL CERTIFICATION
Lewels White Widow	20. DATE OF DEATH CLASSIC 9 19 47 21 1 24 10 M
aller de de	21. I CERTIFY that death occurred on the date above stated: that I attended disceased from
6.(6) Name of husband or wife Albert 2 21 21277000	Ofred 7 1947 10 grand 9 1947
, 6.(c) If alive, give ageyears	
7. Birth date of	and that I last saw h
Beceased (mo., day, yr.)	Immediate cause of death OURATION
o. Aug.	Acad Sel J Hull
88 7 6min.	24les
9. Birthplace Quantum Co	a crossing Endule.
9. Sirihpiaca	Ove to
10. Usual occupation.	Lalia Sal
O CONTRACTOR OF THE CONTRACTOR	Dus to States
11. Industry or business	Olma Dut reglectes
= 12. Name Voludora Powece	Other conditions Clause spanished
E 12. Name Noudora Pource 2 13. Birthplace Curred	
	(Include pregnancy within 3 months of death)
14. Maiden name. O Cours hardy	Major findings of operations
≥ 15. Birthplace	Qate of op.
18. Interment allerest all formand	Autopsy results
Address fundeed me	
Bures Alulton	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?)  (Burial, eremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory.	Whers did injury occur?
Connected of Chemistry	
Location Control Control	Injured at home, farm, Industry, public place (where?)
18. Funeral director Message & Jovenston	Msans of Injury Injured at work?
COA	
Address Curlined The	13. SIGNATURDUNG Coulling ma
4/11 NO 7 51 41	M. D. or other
19. Tokasa III	Address Marin Sto Med Bate signed Pal 11-47

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PLEASE WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-1

### CERTIFICATE OF DEATH

()1349 Reg. Dist. No. 260

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Somerset	Comonost
City or town Princess Anne (If outside city or town limits, write RURAL and give nearest town	Princess inne
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)  Street No. Main St.
Main St.	
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Janette B. Hayman	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widowed	20. DATE OF OEATH April 8 1947 1947 186 P
8.(b) Name of husband or wife. A. Honest Hayman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	5/20/46 19 10 4/8/87 19
7. Birth date of deceased (mo., day, yr.) Nov. 12, 1869	
8. AGE: Years Months Days If less than one day	Immediate cause of death My Carlolled OURATION
77 4 26hrs,	min. Tallelle 7 days.
Somerset Co. Md.	Due to designation of astronia
9. Birthplace Somerset Co. Md. (Town, county, and state)	( da Poresio
10. Usual occupation	Due 10
11. Industry or business	
12. Name Edward P. Bounds 13. Birthplace Worcester Co. Md.	Other conditions Alkselei (4 gentles
	(Include pregnancy within 8 months of dath)
14. Maiden name Emily Pusey  15. Birtholace Somerset Co. Md	Major findings of operations.
15. Birthplace Somerset Co. Md.	Qate of op.
16. Informant Mr. Carroll W. Bounds	Autopsy results
Address Salisbury, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?)  But thereof 4/00/47 (month) (day) (year	22. VIOLENCE: tf death was due to external causes, fill in the following:
The state of the s	
Cemetery or crematoryBuckingham cometery.	Where did injury occur?
Location Berlin, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. The Hill & Johnson Co.	Mesns of Injury Injured at work?
Address Salisbury, Md.	SIGNATURE Steer. OF Wheel 268.
Whil 9 47 K. H. Johnson	M. O or other
(Date rec'd by registrar)	gistrar Address Addres

APR 10 1947 PUREAU V 8 clearly

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BINDING

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WRITE

PLEASE

Evidence for change of age shown on Film No. G109 4/30/47

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9570

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### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) (For newborn Infants give residence of		
state Maryland c	ouoty Somerse	t
City or town Rhodes Poin		
Street No(If rural, gi	ve LOCATION)	
2.(a) If veteran, name war	***************************************	
	3. (b) Social Security	Number
	None	•
MEDICAL (	CERTIFICATION	
2D, DATE OF DEATH April	17th. 1947	11:40/
21. I CERTIFY that death occurred on the date a		
	46 April	
and that f last saw heralive on	April	1.5 18
Immediate cause of death Arterio	sclerotic	DURATION
heart disease		Unknown
Due to.		
986 14		
Due to		
V 1		1
Other conditions		
(Include pregnancy within		•••
Major findings of operations	<b>-</b>	
	Date of op	
Autopsy results		
PHYSICIAN: Please underline the cause to	which death should he charge	d statistically.
22. VIOLENCE: If death was due to external a	causes, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did Injury occur?	(County)	(State)
	(where?)	•••••
injured at home, farm, industry, public place		ma ma

1. PLACE OF DEATH: Somerset Rhodes Point
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lifetime Hospitat, Institution, or street address where death occurred: How long in hospital or institution?..... 3. (a) FULL NAME Annie Eliza Hoffman 6.(a) Single, married, widowed, or divorced 5. Color or race Female White Widowed Griffith Hoffman .......... 6. (c) If alive, give age .................. years 7. Birth date of September 10, 1860 deceased (mo., day, yr.) If less than one day Years Months 8. AGE: 85 86. Smith Island-Somerset-Md. House wife 1D. Usual occupation. 11. Industry or business William E. Evans Rhodes Point, Maryland 13. Birthplace Mary Ellen Crockett 14. Maiden na 15. Birthplace 14. Maiden name. Tangier, Virginia Roland Hoffman 16. Informant Rhodes Point, Maryland Address Date thereof April 20,1947 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rhodes Point Cemetery Rhodes Point, Maryland H. Harvey Bradshaw 18. Funeral director Crisfield, Maryland Address Carrie Te (Date rec'd by registrar)

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APR 23 1947

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore (8/20)

01351

### CERTIFICATE OF DEATH

Rog. Diat. No. 26/

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infects give residence of mother)  State
Elizabeth Volland  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fe. Col. Maried	20. DATE DE DEATH COM B. 19 47 21 24 N
6.(b) Name of husband or wife and 6.(c) If alive, give age 75  7. Birth date of deceased (mo., day, yr.) May - 25, 1873	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.4.7. to 9.4.8.3. 19.4.7.  and that I last saw h
8. AGE: Years Months Days If less than one day  6min.	Immedia: cause of death DURATION  Coul De Truet Jago  What is a second of the second o
9. Birthplace Accounce Co. Va- (Town, county, and state)  10. Usual occupation. House work	Due to Change Congress Congres
11. thdustry or business  12. Name	Diher conditions Sund artes Falairs
14. Maiden name Mary 6- lest race on known 15. Birthplace accamack Co. Vavie	(Include pregnancy within 8 months of death)  Major findings of operations
16, Informant Thomas Logary Address Marion Sta., Mel.	Autopsy results
17 Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Blodam Va-	Where did Injury occur?
18. Funeral director Marlos H. Stages  Address Marion Stages Med.  (Gris J. 1947 - may Milron  19. 7 - may Milron	23. SIGNATUREDING & & William M. D. or other  Address norm & M. D. or other  Address norm & M. D. or other
(Vate rec'd by registrar) Registrar	Address Date signed

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2411 N.	Charles St	., Dait	more	46-7
CERTIFI	CATE	OF	DE	ATH

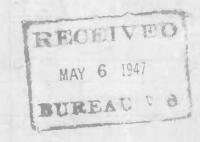
261 Reg. Dist. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	10 /
Cily or town	State Date County & contessal
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Streef No.
6242	(If rural, give LOCATION)
How long in hospifal or Institution?	2.(a) ff veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Joush Johnson	214-03-7564
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDIÇAL CERTIFICATION
male Col married	20. DATE OF DEATH. Obil 28, 19.47 at 6.P.
a as home of history or wife home I show and	21. I CERTIFY that death occurred in the date above stated; that I attended deceased from
6.(6) Name of husband or wife 8.(c) If alive, give age 5.2 years	aug 2, 19 46, 10 april 28, 19 4 1
7. Birth date of	and that I last saw halive on Wor. 28,
deceased (mo., day, yr.) Merry 9-1882	Immediate mase of death
8. AGE: Years Months O Days If less than one day	<i>A A A A A A A A A A</i>
62 / 9hrsmln.	La sugua
9. Birthplace marion Somustion Ind	Due to 6 turns year
(Town, county, and state)	N. S.
10. Usual occupation	Oue to
11. Industry or business	
= 12. Name x leave lahaton	Other conditions : Dispirite Duo 0
& 13. Birthplace Marion Somerset Co	
14. Maiden name Julia Potts	(Include pregnancy within 3 months of death)
5 0 1 +	Major findings of operations.
El 15. Birthplace Marion Somewel Co	
18. Interment delles Johnson	Antopsy results
Address Port horis M. Q.	
17 Cural Date thereof thray 3 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlil, cremation, or removal. Which?)	Accident, suicide, or homicide
Cometery or crematory Alexeey Constany	Where did injury occur?
Location Marion Ind	Injured at home, farm, Industry, public place (where?)
11 Sand San H Money	Means of Injury Injured of work?
18. Funeral director & Mas Mas Massach	11/2 alma
Address Masson Ma.	23. SIGNATURE SIGNATURE
Mary 3 47 hay Milan	M. D. or good
(Date rec' by registror) Registrar	Address 1 A 11 strend 11 Tate stoned 11 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

A15 SA Age



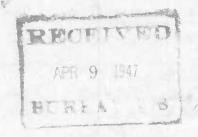
### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore (\$30)

01353 Reg. Dist. No. 260

	the state of the s
1. PLACE OF DEATH: County Squares	2. USUAL RESIDENCE (HOME) OF DECEASED (For powborn i frants give residence of mother)
V2 11 K2 21)	State Ma. County Samueset
City or lown	Var. East
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Charley Henry Jones	3. (b) Social Security Number
Male Col. Stillage Mirried, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH A PARTILL 5 19 14 7 21 6 4 5 7 10
8.(b) Name of husband or wife 6 love 5 12 years  6.(c) 11 alive, give age 52 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 7, 1891	and that I last saw hallve on Abril 32 1921
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
55min.	Acuie Imyocarditis 10 days
9. Birthplace Ventan, Sameret Co., Md. (Town, county, and state)	Due 10.
10. Usual occupation Parsus	
10. Valle Vocayativa	Due to
11. Industry or business	
12. Name Paris 12. Name 12. Na	Dther conditions
14. Maiden name Louise Jones	(Include pregnancy within 3 months of death)
14. Maiden name Course Sources  15. Birthplace Venture Md.	Major findings of operations
15. Birinplace	Date of op.
16. Informant M. A. deline Fack	Autopsy results
Address 6 000 Md. Korike 2	
17 Burial Date thereof apr. 10, 1947	22. VIOLENCE: 1f death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, aulcide, or homicide
Cemetery or crematory Thate	Where did injury occur?
Location Ventary, //d.	Injured at home, farm, industry, public place (where?)
Charles H. Hard	Means of injury injured at work?
18. Funeral director.	En Em
Address Marian Stepped.	23. SIGNATURE Gladou J. Tavasman
(Deferred by registrar)  (Deferred by registrar)	M.D. Princess Annema bate signed 4. 8. 47



## MARGIN RESERVED FOR BINDING

	5.
-	The legibly
•	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consistency is especially important. Physicians: please write the causes of death clearly and legibly.
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9-45-15M	WRITE
S A15	ASE
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Cherlee St., Beltimore 30-9

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  Female   Colored   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH. HILL 15 1947 21 107		
6.(b) Name of husband or wife 6.(c) If alive, give age years  7. Birth date of deceased (mo., day. yr.)  8. AGE: Years Months Days If less than one day 21 10 14 hrs. min.  9. Birthplace Crisfield-Somerset-Md.  10. Usual occupation.	and that i last saw here is alive on the same of death DURATION  DURATION  2.4. Case  Oue to Description the same of the same		
11. Industry or business    12. Name	Other conditions. Dange Level (Include pregnancy within 3 months of death)  Major fiedings of operations. Cashes, Suplaine breed		
Edith Jones  Address Crisfield, Nd.	Actopsy results		
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory, Lawsonia Lawsonia, Crisfield, Md.	Accident, suicide, or homicide		
18. Funeral director. H. Harvey Bradshaw  Address Crisfield 10.  19. (Dyle rec'd by registrar)  Registrar  Registrar	23. SIGNATURE Chillian M. D. or other  Address Mann St. Date signed Still 7-47		



## PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consession of death clearly and legibly. 9.45-15M

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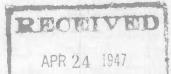
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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Reg.	Dia	t. P	Vo.	•	$\prec$	6	0

CERTIF	C 4 PRINT	OTT	TO THE REST OF THE
	1 A 1 L	1 ) 14	
		111.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Somerset	State Maryland County Somerset
City or town [If outside city or town limits, write RURAL and give nearest town]	Fairmount.
How long in above place of death? 74 years	City or town. L'ALITHOUTE C. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) li veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ALICE GERTRUDE KIMBERLY	None
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH Ofene 18 1947 at 11:00 M
6.(b) Name of husband or wife. William D. Kimberly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5. (c) It alive, give ageyears	La Charl La Charles
7. Birth date of deceased (mo., day, yr.) April 23, 1868	
8. AGE: Years   Months   Days   It less than one day	Immediais cruse of death DURATION
78 11 25hrsmin.	
9. Birthplace St. Marys County, Maryland (Town, county, and state)	Due to Commany School
1D. Usuat occupation Practical nurse	Due to.
11. Industry or business Private practice	
	Dther conditions.
E C. Manual Country Manual and	Direc Conditions
13. Birthplace St. Marys County, Maryland	(Include pregnancy within 8 months of death)
E 14. Maiden name Alice Caroline Hanes	Major findings of operations
E 14. Malden name Alice Caroline Hanes 15. Birthplace Wicomico County, Maryland	Date of op.
Mrc Hunica R. Harmia	Actopsy results.
TO, INTO WHATE	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Fairmount, Maryland	22. VIOLENCE: tf death was due to external causes, till in the tollowing:
17. Burial Date thereof April 21, 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Mechanics Cemetery	Where did Injury occur?
Location Fairmount, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director H. Harvey Bradshaw	Msans of tnjury Injured at work?
Address / Crisfield, Marykand/	Frank Matus MD
4/1, 47 K 3/1/1 M	M. D. or other
19. (Date/cc'd by registrar)	Address Date signed 1 2



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### MARYLAND STATE DEPARTMENT OF HEALTH

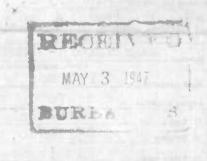
2411 N. Charles St., Baltimore (146)

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### CERTIFICATE OF DEATH

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			- 4	6 /	- 1
	Diat.		- 24	1/0	2
170	D		00	C P	2
Keg.	Dist.	No.	******		

1. PLACE OF DEATH AND A	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town O Toristic Lat	State Maryland County Somerset
City or town	0 1 01 22
How long in above place of death?	Crist or town
McCready Memorial Hospital	Sireet No. Z30 Tyler St.
How long in hospital or institution? 4 days	(If rural, give LOCATION)  2.(a) If veteran, name war World War LI
Δ	
Ol Loy Lane	3. (b) Social Security Number 215-20-4237
Sex   5. Officer or race   6.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION
Married Married	20. DATE OF DEATH Chil 2/ 1947 at /OX M
6.(b) Name of husband or wife. Lavenia Smith	21 NERTIFY that death occurred on the date above states: Duat I strended deceased the
6.(c) It alive, give age 21 years	april 19 4 / he was shall
7. Birth date of deceased (mo., day, yr.) January 1, 1925	an that I last can be with the state of 19.
8. AGE: Years Months Days If less than one day	The Birth Agence and Tolice My DU BREWEIGH
22 8 20hrsmig.	taken to he nearly they to
Crisfield-Somerset-Md.	opposes on 14 mores in
8. Birthplace	Modern Succession From
10. Usual occupationLaborer	The same of the sa
11. Industry or business Seafood	
質 12. Name	
Nathaniel Lane  12. Name	Guidi Collations
14. Malden name. Maggie Seaman	(Include preservillian in order of Coulbourn, M. D.
15. Birthplace Accomac, Va.	Major findings of operations.  DEPUTY MEDICAL EXAMINER
16. Informant Maggie Lane	Autopsy results POR SOMERSET COUNTY, MD.
Address Crisfield, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial April 24/47	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?)  Lawsonia Cemetery	Accident, suicide, homicide
Connectly of Grentardy	Where did injury occur?
Crisfield, Md.	Injured of home, tarm, Industry, police place (where?)
18. Funeral director H. Harvey Bradshaw	McColor Injured at work?
Address Crisfield,/Md.	1. T. A. C. Auchaur, M. E.
5/2 47 R. S. Johnson M. D.	23. SIGNSTURE M. D. prothers
(Date rec'd by registrar)  Registrar	Address Dustal O' Mo Date sight 2 4 4



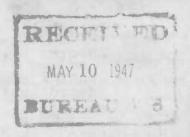
The president of the same of

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

### CERTIFICATE OF DEATH

Somerset	(For newborn infants give residence of mother)		
County	State Maryland County Somerset  Crisfield  (If outside city or town limits, write RURAL and give nearest town)		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Lifetime			
Hospital, institution, or street address where death occurred:	Street No. Broadway		
Broadway	(If rural, give LOCATION)		
How long in hospital or Institution?////	2.(a) If veleran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Charles E. Lankford	None		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	20. DATE DE DEATH OF 25 25 1947 213:30 8:		
6.(c) Name of huaband or wife.  6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) March 29, 1923	and that last saw ha alive on Cypt DURATION		
8. AGE: Years Months Days it less than one day 24 0 26min.	acte mocalie		
9. Birthplace	Due to Closest 7		
	Other conditions		
Edward Lankford  12. Name Edward Lankford  13. Birthplace Crisfield, Md.			
Alice Green	(include pregnancy within 3 months of death)		
14. Malden name Alice Green 15. Birthplace Crisfield, Md.	Major fiediogs of operations		
16. informant. Mrs. Alice Bundick	Actoney results		
Criefield Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial  (Haviel gramation or removal Which?)  Bate thereof April 28/47  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, flil in the following:  Accident, suicide, or homicide		
Cemetery or crematory Lawsonia Cemetery	Whers did injury occur?		
Crisfield, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. H. Harvey Bradshaw	Means of Injury Injured at work?		
Address Crisfield, Md.	23. SIGNATURE 2 n. Payton m. J		
may 8 my Parise Edmin	M. D. or other		
19. May 9 19 47 Janie & Spire Miggistrar	Address Clis all Md Date signed 2819:		



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1916)

### CERTIFICATE OF DEATH

()1358 Reg. Dist. No. 261

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Manuar Station Muruland (If outside city or town limits, write RURAL and give nearest town)	State Mungland County Somersely
How long in above place of death? The Manuary Statement of the Manuary	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 7 7 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME Mary June Mal	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
remale Cal. Windowel	20. DATE DE DEATH ON 3 1947, at Am
6.(b) Name of husband or wife. Anna Market	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0	Lace 1 1945 10 agre 3 1947
7. Birth date of deceased (mo., day, yr.) March 31, 1474	and that t last saw h. 40 alive on and 3 19.47
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
73 2min.	William acul Die 7 Hat / Kacks
9. Birthplace Marion Italian, md, Someralt.	Due to Chance Doct neglectes 4 few
(Town. county, and state)  10. Usual occupation Mause Work .	
1t. Industry or business Work	Duo to Jasen allo & show
12. Name Dalom ) Lenry Evons.	7/ 2-0 =
13. Birthplace Marion Stating and Somerset.	Other conditions shake a celesis
13. Birthplace What a Coner 14. Malden name Gustar Coner	(Include pregnancy within 3 months of death)
	Major findings of operations
El 15. Birthplace Marion Statum, Mr. Domerset.	Date of op.
16. Informant Startie Quelen	Antopsy results
Address Marion de ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (types?)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Murion Station, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Lewye W Sulghmon	Means of Injury Injured at work?
Address Merion Station mo	& self-ull
agnie v x Lung Mies	23, SIGNATURE (A) D. or other ()
19. (L) Ate rec'd by registrar) Registrar	Address ful 4 - 47 mousy slavna

- HELANDER DE TENERS DE STATE GRANISAN

REAL OF STADISTICATE

THE RESIDENCE OF THE PARTY OF T

APR 8 1947

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

### CERTIFICATE OF DEATH

01359 Reg. Dist. No. 465

1. PLACE OF D	Sor	nerset	t	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	(1 22-	sfiel	Ld	State Maryland County Somerset		
City or town(i:	f outside city or town	limits, write	RURAL and give nearest town)	Chiqtield		
How tong in above pla	ice of death?	FORTING	<b>7</b>	City or town		
Hospitai, testitution,	or street address where	death occurre	d:	Street No. Asbury Rd.		
			***************************************	(if rural, give LOCATION)		
	or institution?	***************	•••••••••••••••••••••••••••••••••••••••	2.(a) tf veteran, name war		
3. (a) FULL NAI		-		3. (b) Social Security	Number	
			ey Sterling	217-05-5048		
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION	3.	
Male	White	Me	rried	20. DATE OF DEATH. Classel 23 1947 1839		
6.(b) Name of husban	Celi	ia Mod	re	21. I CERTIFY that death occupied on the date above stated; that tatlender dece		
o.(o) wame of nusuan	of mitching		990 00 00 00 00 00 00 00 00 00 00 00 00	april 122 1947 10 april	23 19 4	
7. Birth date of	and the second second		(c) if alive, give ageyears	and that tast saw h alive on afril 2.3,		
	yr.) April 2			Immediate cause of death.	BURATION	
8. AGE: Yea	8 11	28	If less than one day	Coronary declusion		
			hrs,min.			
9. Birthplace	Crisfield			Sue to		
	(Town,	county, and	nt Manager			
18. Usual occupation	L		ic Manager	Due to		
11. Industry or busine						
12. Name				Other conditions		
13. Birthplace	Crisfie	eld, N	d.			
# 14. Malden nami	Pricill	a Son	ners	(Include pregnancy within 3 months of death)		
14. Maiden nami	Somerse	et Cou	intv	Major findings of operations.		
21 15. Biringtace	Mrs. Al			- Date of op		
16. Informant		• • • • • • • • • • • • • • • • • • • •	***************************************	Autopsy results	statistically.	
Address	Crisfie			22. VIOLENCE; if death was due to externat causes, fill in the following;		
17	Burial	Date the	eof 4/27/47	Accident, suicide, or homicide		
(Burial, cremutic	on, or removal. Which? Asbury					
Cemetery or crema				Where did injury occur? (City or town) (County)	(Stato)	
Location	Asbury	, Cris	sfield, Md.	tnjured at home, farm, industry, public place (where?)		
18. Funeral director.	H. Harv	rey Br	adshaw	Means of injury Injured at work?	1	
	Crisfie	eld. N	1d 1 0 1	6/2 (1) X=1/	16	
Address	/~	1	3///	33. SIGNATURE MAN TOLING	ME	
19.	- 14/	K:/	4. Johnson M.	M. D.	or other	
(Date rec'd by r	registrar)		9 Kegistrar	Address	7 /0x / Y	

RECEIVED MAY 3 1947

BUREAT

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PLEASE

the correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

### CERTIFICATE OF DEATH

1. PLACE OF DE	ATH: , So	merse	+	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County		isfie		State Maryland County Somerset		
City or town	O I	TSITE	3LQ	Crisfield		
(Ir c	Li	fetin	URAL and give nearest town)	City or town		
Don toul in some himse	of death?street address where t			710 W. Main St.		
nospital, institution, or	71	O W.	Main St.	Street No. (If rural, give LOCATION)		
		////	7/1/			
How long in hospital of				2.(a) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security Number	- 22
	CO	RA. B	RADSHAW SUTTO	N		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	Ma	rried	Annil		
				20. DATE DE DEATH. SENSON 6th 147 12:55 AM		
6.(b) Name of husband	Henr	y Myr	on Sutton	21. I CERTIFY that death occurred on the date ab-		
The state of the s				march 25 19	47 10 Upril 6	19.194
7. Birth date of			c) if alive, give ageyears	and that I last eaw h. L.C. alive on	excel 6	19.47
deceased (mo., day,	yr.) Unknowi	1 exa	ctly (1881)	Immediais cause of death	,	URATION
8. AGE: Years	8 Months	Days	If less than one day	acute dil al		
Approx 66	?	?	hrs,min.		acon J was	
		12 60	bld topmom	7/	0	
9. Birthplace	OTTSITE.	Lu-SU	merset-Md.	Due to To yper lensing		
	Housewi:	e e		shase lar	Chroace	
			•••••••	Due to		
11. Industry or busines	Home					
	Edward V			Other conditionsSasicity		
12. Name	Crisfie	Ld, Mo	d.			
	Emma K	Mare	hall	(Include pregnancy within 8 months of death)		
HE 14. Maiden name 15. Birthplace				Major findings of operations		
2 15. Birthplace	Smith Is	sland	, Md.	Date of op.		
	Mrs. Jol	nson	Evans	Antopsy results. Pronce		
16. Informanf	Crisfie.			PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	CITISTIE.			22. VIOLENCE: if death was due to exfernal ca	usee, fill in the following:	
17	Burial	Date ther	eof April 8 1947 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation	o, or removal. Which?)		(month) (day) (year)			~
Cemetery or cremat	Mariner	ceme	etery	Where did injury occur?(City or town)	(County) (State)	)
	Cristie	Ld (Ma	ariners Rd) Md.	Injured at home, farm, Industry, public place (v		
Location		D		Mesns of injury	Injured at work?	
18. Funeral director	H. Harve	ey Bra	adsnaw	meete et titjery		
Address	Crisfie	Ld, Mo	1./0	(Variance)	e G. Rawly	. Yu 1
		4) -	3/(// 5/1		M D or other	79120
190 pul /	19 Y 7	K,J	4- Jo Muson !!	W. Cresholl	Fuld Date signed #/	7/47
(Date rec'd by re	egistrar) (		go. Registrar	11 Address		

